MULTIPLE DEPENDENT CLAIM SERIAL NO. FLING DATE FEE CALCULATION SHEET APPLICANT(S) CLAIMS AS FILED AFTER 181 AMENDMENT AFTER 2HD MD DEP DEP DEP DEP MD DEP DEP ^**29** 89. TOYAL IND. TOTAL DEP. TOTAL CLAMS TOTAL IND. TOTAL DEP. TOTAL CLAMS · Sant . . PTO-1360 (Restriction only) (3/03)